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PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875													Application of Docket Number		
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY			OR	OTHER SMALL		
	FOR		NUMBER FILED			NUMBER EXTRA			RATE (\$	,	FEE (\$)		RATE (\$)	FEE (\$)	
	IC FEE CFR 1.16(a), (b), or	(c))							,				·····	<u> </u>	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			-												
EXAMINATION FEE										_					
(37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS					.   .					$\dashv$					
(37 CFR 1.16(i)) INDEPENDENT CLAIMS				minus 20	0 =				×	=		OR	X =		
(37 CFR 1.16(h))			If the ene	minus 3		ouings o	exceed 100		x	=			х =		
(37 (	CFR 1.16(s))		sheets of is \$250 (\$ additional 35 U.S.C.	paper, the 125 for state   50 sheet   41(a)(1)	ne appli small er ets or fra I(G) and	ication sintity) for action the	ize fee due each ereof. See								
MUL	TIPLE DÉPEND	ENT C	LAIM PRES	ENT (37 C	FR 1.16	(j))				$\dashv$			-		
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL	l			TOTAL		
	APPL	.ICAT	TION AS A	MEND	ED – F	PART II									
(Column 1) (Column 2) (Column 3)							_	SMALL ENTITY			OR	OTHER SMALL			
AMENDMENT A		RE	CLAIMS MAINING AFTER ENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE (\$	)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	•	60	Minus	; ()	18	1 · 2		×	=		OR	× 50 =	(D).00	
	Independent (37 CFR 1.16(h))	•	7	Minus	*** /	7	- Q		×	=		OR	х =	•	
ME	Application Siz	e Fee	(37 CFR 1.1		1										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))											OR		[ / Y ]	
									TOTAL ADD'L FEI	E		OR	TOTAL ADD'L FEE	(Ma)	
	_	(Co	olumn 1)		(Co	lumn 2)	(Column 3)		_			_	-		
MENT B		REI	CLAIMS MAINING AFTER ENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE (\$	)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	•		Minus	**		=		х	=	1	OR	x =		
	Independent (37 CFR 1.16(h))	•		Minus	***		=		x	_			x =		
AMEND	Application Size Fee (37 CFR 1.16(s))											OR			
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))											OR			
						<u>-</u> .	,	•	TOTAL ADD'L FEI			OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".													L		
	If the "Highest " If the "Highest I" The "Highest N	Numbe	r Previously	Paid For	IN THIS	SPACE	is less than 3, e	nte	· <b>"3"</b> .	din (	the engrappiet	a hov in a	roluma 4		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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